Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY **PATENT APPLICATION TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorn	ey Docket No.	TI-36150
First I	nventor	Ziad Asghar
Title	Sparse Maximu	m Likelihood Decoder For Block Codes
Expre	ss Mail Label No.	ET247288355US

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	PPLICATION I apter 600 concerning ut	nts	ADDRESS TO: Assistant Commissioner for Pater Box Patent Application Washington, DC 20231						PTO			
1. Submi	ransmittal Form (e.g., F it an original, and a duplica	te for fee processing)		7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)								
	ant claims small entity 7 CFR 1.27.	status.		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)								
3. A (prefer	fication red arrangement set forth i	·	21]	a. Computer Readable Form (CRF)							
- Cros - State - Refe or a c - Back - Brief - Brief	criptive title of the Inven is Reference to Related ement Regarding Fed s rence to sequence listin computer program listin ground of the Inventior Summary of the Invention Toescription of the Draw illed Description			b.	i. [ii. [CD-Re Paper	verifying ident	ity of above copies				
- Clair	•			<u> </u>	ACCOMPANYING APPLICATION PARTS							
- Abst	ract of the Disclosure			l g). X	Assignn	nent Papers	s (cover shee	et & documents(s))			
4. X Drawin	ng(s) (35 U.S.C. 113)	[Total Sheets	9] 10		37 CFR	3.73(b) State ere is an as	ement	X Power of Attorney			
5. Oath or Declar	ation	[Total Pages	1] 1	1.	English	English Translation Document (if applicable)					
a. X	Newly Executed (origi	nal or copy)		12	2.		nation Disclosure Copies of IDS ment (IDS)/PTO-1449 Citations					
b. 🗍		lication (37 CFR 1.63(d)) ional with Box 18 completed,)	1:	3.	Prelimin	ninary Amendment					
 i, [<u> </u>	, ,	,		14. X Return Receipt Postcard (MPEP 503)							
	Signed stater	N OF INVENTOR(S) ment attached deleting inven prior application, see 37 CF		1	15. (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed)							
	1.63(d)(2) an	N.		-	Request	and Certific	Certification under 35 U.S.C. 122					
				"	16. (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.							
	ation Data Sheet. See :				17 Other:							
18. If a CONTINU	JING APPLICATION on Data Sheet under	l, check appropriate box 37 CFR 1.76:	, and supp	oly the	requis	ite informa	tion below	and in a pre	eliminary amendme	ent,		
Continuation	Divisional	Continuation-in-	part (CIP)					No:		·		
Prior application information: Examiner Group / Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.												
19. CORRESPONDENCE ADDRESS												
Customer Number or Bar Code Label (Insert:Customer No. or Attach bar code label here) or Correspondence address below												
NAME Texas Instruments Incorporated												
ADDRESS												
CITY	<u> </u>	TX				ZIP CODE						
COUNTRY		(972) 91						972) 917-4418				
Name (Print/Type)	ים			1	egistration	No. (Attor	ney/Agent)	Reg. No. 36,4	110			
Signature)	wight N. f	tolul	15				Date	06/23/03			

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision

Complete If Known							
Application Number	TBD						
Filing Date	June 23, 2003						
First Named Inventor	Ziad Asghar						
Examiner Name	TBD						
Group Art Unit	TBD						
Attorney Docket No.	TI-36150	$\overline{}$					

TOTAL AMOUNT OF PAYMENT (\$) 790.00							Attorney Docket No. TI-36150							
METHOD OF PAYMENT (check all that apply)								FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge to the following Deposit Account,							3.	ADDIT	IONAL	FEES				
Deposit Ac Number	count	Account	20-0668					Entity Fee (\$)	Fee Code	Entity Fee (\$)		Description	Fee Paid	
Deposit Ac Name	Texas Instruments Incorporated							130 50	2051 2052	65 25	Surcharge - lat Surcharge - lat cover sheet.	e filing fee e provisional filing fee or		
Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment								130	1053	130	Non-English s	pecification		
The state of the s							1812	2,520	1812	2,520		uest for reexamination		
2.	Payme	ent En	closed	:			1804	920*	1804	920*	Requesting pu Examiner action	blication of SIR prior to		
Check Money Other Order							1805	1,840*	1805	1,840*	Requesting pu Examiner action	ublication of SIR after		
		FEE	CALC	JLATI	ON		1251	110	2251	55	Extension for r	eply within first month		
1. BA	SIC FILII	NG FE	E				1252	410	2252	205	Extension of til	ne within second month		
			Entity				1253 1254	930	2253	465		ne within third month		
Fee Code						Fee Description Fee Paid		1,450	2254	725		me within fourth month		
1001	750 20	001	375	Utility	y filing fee	\$750	1255 1401	1,970 320	2255 2401	985 160	Notice of Appe	ne within fifth month		
		002	165	•	n filing fee	\$ 50	1402	320	2402	160	• •	support of an appeal		
1003	520 20	003	260	•	t filing fee	\$	1403	280	2403	140	Request for or	.,		
1004	750 20	004	375	Reissu	ue filing fee	\$	1451	1,510	1451	1,510	Petition to insti	tute a pubic use proceeding	,	
1005	160 20	005	80	Provisio	onal filing fee		1452	110	2452	55	Petition to revi	ve - unavoidable		
			:	SUBTOT	TAL (1)	(\$)750.00	1453 1501	1,300 1,300	2453 2501	650 650	Petition to revi Utility issue fee	ve - unintentional e (or reissue)		
2. EX	TRA CLA	AIM FE	ES FO	R UTIL	ITY AND	REISSUE	1502 1503	470 630	2502 2503	235 315	Design issue fe Plant issue fee			
				_	Fee from		1460	130	1460	130	Petitions to the	Commissioner		
			Extra Cl	aims	below	Fee Paid	1807	50	1807	50	Processing fee	for provisional applications	· 🗀	
Total Claims	16	-20**=	0	x	18	= 0	1806	180	1806	180	Submission of	of Information Disclosure Stmt.		
Independent Claims	3	-3** =	0	×	84	= 0	8021	40	8021	40	Recording eac properly (time	\$40		
Multiple Dependent 280 = 0						= 0	1809	750	2809	375	CFR 1.129(a))			
**or number pr	•	•		Reissue, :	see below		1810	750	2810	375	examined (37	onal invention to be CFR 1.129(b))		
Large E Fee Code 1202	Fee F	mall ee ode 202	Entity Fee (\$) 9	Claims in	Fee Des	cription	Other fee (specify)							
1201		201				n excess of 3	1							
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SUBTOTAL (2) (\$)0.00								*Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$40						
SUBMITTED BY												Complete (if app	icable)	
Typed or Printed Name Dwight N. Holmbo											Reg. Number	36,410		
Signature) wigh	t n. Hoh	nbi		Date		6/23/2003	Deposit Account User ID	N/A	

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